



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Audits Section – Bay and Central Region  
11401 South Bloomfield Avenue, Unit 203, 2<sup>nd</sup> Floor  
Norwalk, CA 90650  
(562) 406-3929, FAX (562) 406-3951

February 06, 2008

Michael Horn, Director  
Imperial County Behavioral Health Services  
202 North 8<sup>th</sup> Street  
El Centro, CA 92243

Dear Mr. Horn:

## AUDIT REPORT – IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Imperial County Behavioral Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units of service, Mode costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 4,,541,604	\$ 4,427,980	\$ (113,624)
Federal Share of Healthy Families/Medi-Cal	\$ 204,207	\$ 207,434	\$ 3,227
State General Funds EPSDT Due State	\$ 1,340,386	\$ 1,301,521	\$ (38,864)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report.

Michael Horn, Director  
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Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

*for* Raquel E. Rios  
WALTER J. HILL, JR., MBA, EA  
Chief of Audits

Raquel E. Rios  
RAQUEL E. RIOS, Supervisor  
Audits Section – Southern Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

**IMPERIAL  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u></b>				
<b><u>COUNTY PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 4,541,604	\$ (113,624)	\$ 4,427,980
HEALTHY FAMILIES - FFP	(Sch. 2a)	204,207	3,227	207,434
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 4,745,811</u>	<u>\$ (110,397)</u>	<u>\$ 4,635,414</u>
<b><u>CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 0	\$ 0	\$ 0
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b><u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP		\$ 4,541,604	\$ (113,624)	\$ 4,427,980
HEALTHY FAMILIES - FFP		204,207	3,227	207,434
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 4,745,811</u>	<u>\$ (110,397)</u>	<u>\$ 4,635,414</u>
<b><u>SUMMARY OF STATE GENERAL FUNDS</u></b>				
EPSDT - SGF	(Sch 4)	<u>\$ 1,340,386</u>	<u>\$ (38,864)</u>	<u>\$ 1,301,521</u>

**SCHEDULE 2**

**IMPERIAL  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003**

**COUNTY OPERATED FEDERAL**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	6,797,283	(138,980)	6,658,303
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	23,201	(4,960)	18,241
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	284,242	4,960	289,202
9. Total		<u>\$ 7,104,726</u>	<u>\$ (138,981)</u>	<u>\$ 6,965,745</u>

**Less: Patient & Other Payer Revenues**

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Net Reimbursement for Direct Services**

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	6,820,484	(143,941)	6,676,543
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	284,242	4,960	289,202
25. Total		<u>\$ 7,104,726</u>	<u>\$ (138,981)</u>	<u>\$ 6,965,745</u>

**Medi-Cal MAA Reimbursement**

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**IMPERIAL  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003**

**COUNTY OPERATED FEDERAL**

		As Settled	Audit Adjustments	As Audited
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Administrative Reimbursement**

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 1,119,216	\$ (21,591)	\$ 1,097,625
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 1,119,124	\$ 0	\$ 1,119,124
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 1,119,124</u>	<u>\$ (21,499)</u>	<u>\$ 1,097,625</u>

**Healthy Families Administrative Reimbursement**

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 28,424	\$ 496	\$ 28,920
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 28,425	\$ 0	\$ 28,425
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 28,424</u>	<u>\$ 1</u>	<u>\$ 28,425</u>

**Utilization Review Reimbursement**

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 50,382	\$ (0)	\$ 50,382
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 798,151</u>	<u>\$ 0</u>	<u>\$ 798,151</u>

**Net SD/MC Reimbursement - FFP**

45. Direct Services	(MH1979, Ln 16,16A)	\$ 3,530,042	\$ (99,640)	\$ 3,430,402
46. Enhanced (Children)	(MH1979, Ln 17,17A)	15,138	(3,235)	11,903
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	559,562	(10,750)	548,812
50. U.R. Skilled Professional	(MH1979, Ln 14)	37,786	0	37,786
51. U.R. Other	(MH1979, Ln 15)	399,076	(0)	399,076
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 4,541,604</u>	<u>\$ (113,624)</u>	<u>\$ 4,427,980</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 4,541,604</u>	<u>\$ (113,624)</u>	<u>\$ 4,427,980</u>
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**Net Healthy Families Reimbursement - FFP**

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 185,660	\$ 3,226	\$ 188,886
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	18,547	0	18,547
60. Total Healthy Families Reimbursement - FFP		<u>\$ 204,207</u>	<u>\$ 3,227</u>	<u>\$ 207,434</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 4,745,811</u>	<u>\$ (110,397)</u>	<u>\$ 4,635,414</u>
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(To Sch. 1)

**IMPERIAL  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION OF EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2003**

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	6,820,483	(144,516)	6,675,967
(2) Total SD/MC Claims	7,085,195	0	7,085,195
(3) Percent % (Line 1/Line 2)	0.9626	(0.0204)	0.9422
(4) EPSDT Claims	4,368,084	0	4,368,084
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	4,204,718	(88,927)	4,115,791
(6) Cost Settled Baseline for EPSDT	1,310,722	0	1,310,722
(7) Net Cost Settlement Amount (Line 5 - Line 6)	2,893,996	(88,927)	2,805,069
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	1,405,324	(43,183)	1,362,142
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	755,948	0	755,948
(8b) Annual Local Growth (8) - (8a) = 8(b)	649,376	(43,183)	606,194
(9) County Match 10% of Local Growth (8b) x 10% = (9)	64,938	(4,318)	60,619
(10) Net Cost settlement amount (8) - (9) = (10)	1,340,386	(38,864)	1,301,521
(11) SGF Distribution Settled and Audited	322,115	0	322,115
(12) SGF Due (State)	<u>1,018,271</u>	<u>(38,864)</u>	<u>979,406</u> (To Sch. 1)

**Source:**

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors)  
Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
IMPERIAL COUNTY				00013	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
1	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	800,768	(238,650)	562,118 *
2	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	1,838,926	256,209	2,095,135 *
3	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	3,380	(2,890)	490 *
4	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	23,750	(22,700)	1,050 *
5	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	2,085	(320)	1,765 *
6	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	6,637	(1,774)	4,863 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
7	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	30,906	(11,509)	19,397 *
8	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	70,774	13,603	84,377 *
		Info		TOTAL UNITS	<u>2,777,226</u>	<u>(8,031)</u>	<u>2,769,195 *</u>
				<p>To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated December 20, 2007. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.</p>			
				<p>* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.</p>			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
IMPERIAL COUNTY				00013	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
9	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	** 562,118	(170)	561,948 *
10	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	** 2,095,135	(34,562)	2,060,573 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	** 490	0	490 *
11	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	** 1,050	(560)	490 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	** 1,765	0	1,765 *
12	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	** 4,863	60	4,923 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	** 19,397	0	19,397 *
13	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	** 84,377	40	84,417 *
		Info		TOTAL UNITS	<u>2,769,195</u>	<u>(35,192)</u>	<u>2,734,003</u> *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	** 561,948	0	561,948 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	** 2,060,573	0	2,060,573 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	** 490	0	490 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	** 490	0	490 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	** 1,765	0	1,765 *
14	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	** 4,923	(60)	4,863 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	** 19,397	0	19,397 *
15	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	** 84,417	(40)	84,377 *
		Info		TOTAL UNITS	<u>2,734,003</u>	<u>(100)</u>	<u>2,733,903</u> *
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included. See the MH 1970 sorksheets that reflect the units/time for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			



## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
IMPERIAL COUNTY				00013	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u></b>			
16	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 4,541,604	\$ (113,624)	\$ 4,427,980
17	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 204,206	\$ 3,227	\$ 207,433
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to units of service/times.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS  
MH 1960 (10/04)

Fiscal Year 2002-2003

County: IMPERIAL  
County Code: 13

Legal Entity: IMPERIAL COUNTY		A	B	C
Legal Entity Number: 00013		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	8,760,237	3,917,163	12,677,400
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(454,589)	(454,589)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	8,760,237	3,462,574	12,222,811
6	Medi-Cal Adjustments from MH 1961			(322,480)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			11,900,331
	Administrative Costs (County Only)			
9	SD/MC Administration			1,119,124
10	Healthy Families Administration			28,425
11	Non-SD/MC Administration			353,881
12	Total Administrative Costs			1,501,430
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			50,382
14	Other SD/MC Utilization Review			798,151
15	Non-SD/MC Utilization Review			222,711
16	Total Utilization Review Costs			1,071,244
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			9,327,657
19	Total Costs - Lines 9 through 18			11,900,331

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**

**DEPARTMENT OF MENTAL HEALTH**

**MEDI-CAL ADJUSTMENTS TO COSTS**

**Fiscal Year 2002-2003**

**MH 1961 (10/04)**

County: IMPERIAL  
County Code: 13

Legal Entity: IMPERIAL COUNTY		A	B	C
Legal Entity Number: 00013		Salaries and Benefits	Other	Total Adjustments
1	Ferguson House		(33,318)	(33,318)
2	Recovery Center		(289,162)	(289,162)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>		(322,480)	(322,480)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**  
**ALLOCATION OF COSTS TO MODES OF SERVICE**  
**MH 1964 (10/04)**

**DEPARTMENT OF MENTAL HEALTH**  
**Fiscal Year 2002-2003**

County: IMPERIAL  
County Code: 13

Legal Entity: IMPERIAL COUNTY		A
Legal Entity Number: 00013		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	9,327,657
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	134,191
5	Outpatient Services (Mode 15 Program 1 + Program 2)	9,064,450
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	129,016
9	Total - Lines 2 through 8	9,327,657

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: IMPERIAL  
County Code: 13

CR

Legal Entity: IMPERIAL COUNTY			A	B	C	D	E	F	G	H	I
Legal Entity Number: 00013			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				95							
1	Allocation Percentage		100.00%	100.00%							
2	Total Units			1,226							
3	Gross Cost		134,191	134,191							
4	Cost per Unit			109.45							
5	SMA per Unit			115.14							
6	Published Charge per Unit			115.14							
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units	07/01/02 - 09/30/02		228							
8A		10/01/02 - 06/30/03		266							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02									
9A		10/01/02 - 06/30/03									
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02									
10A		10/01/02 - 06/30/03									
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03									
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		125							
11A		10/01/02 - 06/30/03		80							
12	Non-Medi-Cal Units			527							
13	Medi-Cal Costs	07/01/02 - 09/30/02	24,956	24,956							
13A		10/01/02 - 06/30/03	29,115	29,115							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	26,252	26,252							
14A		10/01/02 - 06/30/03	30,627	30,627							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	26,252	26,252							
15A		10/01/02 - 06/30/03	30,627	30,627							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02									
16A		10/01/02 - 06/30/03									
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02									
17A		10/01/02 - 06/30/03									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02									
18A		10/01/02 - 06/30/03									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02									
19A		10/01/02 - 06/30/03									
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02									
20A		10/01/02 - 06/30/03									
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02									
21A		10/01/02 - 06/30/03									
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02									
22A		10/01/02 - 06/30/03									
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02									
23A		10/01/02 - 06/30/03									
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02									
24A		10/01/02 - 06/30/03									
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03									
29	Healthy Families Costs	07/01/02 - 09/30/02	13,682	13,682							
29A		10/01/02 - 06/30/03	8,756	8,756							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	14,393	14,393							
30A		10/01/02 - 06/30/03	9,211	9,211							
31	Healthy Families Published Charges	07/01/02 - 09/30/02	14,393	14,393							
31A		10/01/02 - 06/30/03	9,211	9,211							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
32A		10/01/02 - 06/30/03									
33	Non-Medi-Cal Costs		57,682	57,682							

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003County: IMPERIAL  
County Code: 13

County Code: 13			CR		CR		CR		CR		CR		CR	
Legal Entity: IMPERIAL COUNTY			A	B	C	D	E	F	G					
Legal Entity Number: 00013			Mode Total	Service	Service	Service	Service	Service	Service					
Mode: 15 - Outpatient (Program 1)				Function	Function	Function	Function	Function	Function					
				01	30	60	70							
1	Allocation Percentage		100.00%	4.99%	55.98%	31.83%	7.20%							
2	Total Units			264,900	2,303,352	707,760	198,640							
3	Gross Cost		8,940,559	445,721	5,004,925	2,845,997	643,916							
4	Cost per Unit			1.68	2.17	4.02	3.24							
5	SMA per Unit			1.77	2.28	4.23	3.41							
6	Published Charge per Unit			1.77	2.28	4.23	3.41							
7	Negotiated Rate / Cost per Unit													
8														
8A	Medi-Cal Units	07/01/02 - 09/30/02		54,287	357,428	112,980	25,105							
		10/01/02 - 06/30/03		135,257	1,407,557	379,095	82,283							
9	Medicare/Medi-Cal Crossover Units				490									
9A		10/01/02 - 06/30/03			490									
10	Enhanced SD/MC (Children) Units				1,250	515								
10A		10/01/02 - 06/30/03		120	3,003	1,625								
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units			1,475	22,294	6,117	945							
11A		10/01/02 - 06/30/03		4,935	49,052	16,126	2,585							
12	Non-Medi-Cal Units			68,826	461,788	191,302	87,722							
13	Medi-Cal Costs		07/01/02 - 09/30/02	1,403,683	91,343	776,651	454,308	81,381						
13A		10/01/02 - 06/30/03		5,077,169	227,584	3,058,463	1,524,391	266,730						
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	1,474,537	96,088	814,936	477,905	85,608						
14A		10/01/02 - 06/30/03		5,332,792	239,405	3,209,230	1,603,572	280,585						
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	1,474,537	96,088	814,936	477,905	85,608						
15A		10/01/02 - 06/30/03		5,332,792	239,405	3,209,230	1,603,572	280,585						
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03												
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02	1,065		1,065								
17A		10/01/02 - 06/30/03		1,065		1,065								
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02	1,117		1,117								
18A		10/01/02 - 06/30/03		1,117		1,117								
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02	1,117		1,117								
19A		10/01/02 - 06/30/03		1,117		1,117								
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03												
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02	4,787		2,716	2,071							
21A		10/01/02 - 06/30/03		13,261	202	6,525	6,534							
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02	5,028		2,850	2,178							
22A		10/01/02 - 06/30/03		13,933	212	6,847	6,874							
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02	5,028		2,850	2,178							
23A		10/01/02 - 06/30/03		13,933	212	6,847	6,874							
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03												
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03											
29	Healthy Families Costs		07/01/02 - 09/30/02	78,585	2,482	48,442	24,597	3,063						
29A		10/01/02 - 06/30/03		188,113	8,304	106,584	64,845	8,380						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02	82,538	2,611	50,830	25,875	3,222						
30A		10/01/02 - 06/30/03		197,601	8,735	111,839	68,213	8,815						
31	Healthy Families Published Charges		07/01/02 - 09/30/02	82,538	2,611	50,830	25,875	3,222						
31A		10/01/02 - 06/30/03		197,601	8,735	111,839	68,213	8,815						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03												
33	Non-Medi-Cal Costs			2,172,833	115,807	1,003,413	769,251	284,362						

**ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL**  
**MH 1966A (10/04)**

DEPARTMENT OF MENTAL HEALTH  
PAGE 1 OF 1  
Fiscal Year 2002-2003

MHS                      MHS                      MHS                      ASO                      ASO

Legal Entity: IMPERIAL COUNTY		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Legal Entity Number: 00013		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)																
1	Allocation Percentage	100.00%	30	39	60	30	60									
2	Total Units		44,57%	3,48%	26,81%	22,44%	2,71%									
3	Gross Cost	123,891	55,214	4,311	33,209	27,805	3,352									
4	Cost per Unit		1.67	1.67	1.67	2.21	2.21									
5	SMA per Unit		2.28	2.28	4.23	2.28	4.23									
6	Published Charge per Unit															
7	Negotiated Rate / Cost per Unit															
8	Medi-Cal Units	07/01/02 - 09/30/02	5,560	415	3,660	2,085	300									
8A		10/01/02 - 06/30/03	26,940	2,080	15,365	10,515	1,215									
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02														
9A		10/01/02 - 06/30/03														
10	Enhanced SD/MC Units	07/01/02 - 09/30/02														
10A		10/01/02 - 06/30/03	60	55												
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03														
11	Healthy Families (SED) Units	07/01/02 - 09/30/02														
11A		10/01/02 - 06/30/03	40													
12	Non-Medi-Cal Units		445	30	950											
13	Medi-Cal Costs	07/01/02 - 09/30/02	21,197	9,290	693	5,948	4,601	664								
13A		10/01/02 - 06/30/03	100,054	45,013	3,476	25,673	23,204	2,688								
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	34,705	12,677	946	15,059	4,754	1,269								
14A		10/01/02 - 06/30/03	160,273	61,423	4,742	64,994	23,974	5,139								
15	Medi-Cal Published Charges	07/01/02 - 09/30/02														
15A		10/01/02 - 06/30/03														
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02														
16A		10/01/02 - 06/30/03														
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02														
17A		10/01/02 - 06/30/03														
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02														
18A		10/01/02 - 06/30/03														
19	Medicare/Medi-Cal Crossover Published Charge	07/01/02 - 09/30/02														
19A		10/01/02 - 06/30/03														
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02														
20A		10/01/02 - 06/30/03														
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02														
21A		10/01/02 - 06/30/03	192	100	92											
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02														
22A		10/01/02 - 06/30/03	262	137	125											
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02														
23A		10/01/02 - 06/30/03														
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02														
24A		10/01/02 - 06/30/03														
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03														
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03														
27	Enhanced SD/MC (Refugees) Published Charge	07/01/02 - 06/30/03														
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03														
29	Healthy Families Costs	07/01/02 - 09/30/02														
29A		10/01/02 - 06/30/03	67	67												
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02														
30A		10/01/02 - 06/30/03	91	91												
31	Healthy Families Published Charges	07/01/02 - 09/30/02														
31A		10/01/02 - 06/30/03														
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02														
32A		10/01/02 - 06/30/03														
33	Non-Medi-Cal Costs		2,381	744	50	1,587	(0)									

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: IMPERIAL  
County Code: 13

CR

Legal Entity: IMPERIAL COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00013		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			30					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		3,150					
3	Gross Cost	129,016	129,016					
4	Cost per Unit		40.96					
5	Non-Medi-Cal Units (Same as Line 2)		3,150					
6	Non-Medi-Cal Costs (Same as Line 3)	129,016	129,016					



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
 DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS  
 MH 1870 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH  
 Fiscal Year 2003-2003

County: IMPERIAL  
 County Code: 13  
 Legal Entity: IMPERIAL COUNTY  
 Legal Entity Number: 00013

Mode: 10 - Day Services										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U														
Data Type										SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars																	
Source										From MH1801 Schedule B Supplemental			Calculated		From MH1808 MOOE10				From MH1801 Schedule B				Calculated				Calculated																	
Formula													B / (B + C)		C / (B + C)				(D * I)				(E * I)				(F - J)				(G - K)				(H - L)				(O + P)					
Period										1st Period			2nd Period/ Part I		2nd Period/ Part II		2nd Period/ Part I		2nd Period/ Part II		1st Period		2nd Period/ Part I		2nd Period/ Part II		Total 2nd Period		1st Period		2nd Period/ Part I		2nd Period/ Part II		Total 2nd Period		1st Period FFP \$ 07/01/02 - 09/30/02		2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03		2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03		Total 2nd Period FFP \$ 04/01/02 - 06/30/03	
MH1808 Cost Report Column	MH1801 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units In 10/01/02 - 03/30/03	% of Units In 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %																				
B	13	CR	10	95	228	208		100.00%		24,956	29,115		29,115				24,956	29,115		29,115	12,827	14,557																						
										Totals		24,956	29,115	29,115					24,956	29,115		29,115	12,827	14,557																				
										Equivalent values from MH1808		24,956		29,115																														

County: IMPERIAL  
 County Code: 13  
 Legal Entity: IMPERIAL COUNTY  
 Legal Entity Number: 00013

Mode: 16 - Outpatient (Program 1)										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U				
Data Type										SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars							
Source Formula										From MH1001 Schedule B Supplemental			Calculated		From MH1001 Schedule B Supplemental				From MH1001 Schedule B Supplemental				Calculated				Calculated							
Period										1st Period			2nd Period/Part I		2nd Period/Part II		1st Period		2nd Period/Part I		2nd Period/Part II		1st Period		2nd Period/Part I		2nd Period/Part II		1st Period		2nd Period/Part I		2nd Period/Part II	
MH1001 Cost Report Column	MH1001 Sch. B Cost Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 09/30/03	% of Units In 10/01/02 - 03/30/03	% of Units In 04/01/03 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 03/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 03/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 03/30/03	1st Period FFP %	2nd Period/Part I FFP %	2nd Period/Part II FFP %	1st Period FFP \$	2nd Period/Part I FFP \$	2nd Period/Part II FFP \$	1st Period FFP \$						
B	1	CR	15	01	54,287	81,773	43,484	67.88%	32.15%	81,343	154,417	73,196	227,584					81,343	154,417	73,196	227,584	51.40%	50.00%	54.35%	46,950	77,209	38,786	116,975						
C	2	CR	15	30	357,818	887,091	520,358	63.04%	36.96%	777,716	1,928,853	1,130,675	3,059,528					777,716	1,928,853	1,130,675	3,059,528	51.40%	50.00%	54.35%	369,746	984,426	614,522	1,578,648						
D	5	CR	15	60	112,980	253,734	125,381	66.83%	33.07%	454,308	1,020,298	504,093	1,524,391					454,308	1,020,298	504,093	1,524,391	51.40%	50.00%	54.35%	233,514	510,149	273,973	784,124						
E	6	CR	15	70	25,195	49,360	32,923	59.99%	40.01%	81,381	160,007	106,724	266,730					81,381	160,007	106,724	266,730	51.40%	50.00%	54.35%	41,830	80,003	58,004	138,008						
Totals										1,404,748	3,263,575	1,814,659	5,078,234					1,404,748	3,263,575	1,814,659	5,078,234	722,040	1,631,787	966,297	2,618,054									
Equivalent values from MH1001										1,404,748			5,078,234																					

Mode: 15 - Outpatient (Program 2)										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U				
Data Type										SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Med-Cal Patient and Other Payer Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars							
Source Formula										From MH1901 Schedule B Supplemental			Calculated		From MH1966 MODE15 (2)				From MH1901 Schedule B				Calculated				Calculated							
Period										1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	(51.45% * N)	(50.55% * O)	(54.35% * P)	(5 - T)
Cost Report Column	MH1901 Sch. B Cost Rpt Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 03/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 03/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 03/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %				
B	7	MHS	15	30	5,580	13,715	13,225	50.81%	49.06%	9,280	22,916	22,067	45,013					9,280	22,916	22,067	45,013	4.77%				4.77%								
C	6	MHS	15	30	415	1,350	730	84.90%	35.10%	993	2,258	1,220	3,478					993	2,258	1,220	3,478													
D	9	MHS	15	80	3,550	5,280	7,085	53.89%	46.11%	5,848	13,635	11,838	25,673					5,848	13,635	11,838	25,673													
E	11	ASO	15	30	2,085	6,150	4,385	58.46%	41.54%	4,601	13,571	8,632	23,204					4,601	13,571	8,632	23,204													
F	12	ASO	15	60	300	875	540	55.56%	44.44%	694	1,493	1,195	2,688					694	1,493	1,195	2,688													
Totals										21,197	54,072	45,963	100,054					21,197	54,072	45,963	100,054	10,895	27,036	24,962	52,027									
Equivalent values from MH1966										21,197			100,054																					

**DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT**  
**MH 1968 (10/04)**

## DEPARTMENT OF MENTAL HEALTH

**Fiscal Year 2002-2003**

Legal Entity: IMPERIAL COUNTY  
Legal Entity Number: 00013

County Code: 13			REIMBURSEMENT TYPE				PC	Costs			Costs		
Legal Entity: IMPERIAL COUNTY			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00013			Mode 55 S. F.'s 01-09			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/02 - 09/30/02							24,956	1,403,683	1,428,638	21,197	1,449,835
1A		10/01/02 - 06/30/03							29,115	5,077,169	5,106,284	100,054	5,206,338
2	Medi-Cal SMA	07/01/02 - 09/30/02							26,252	1,474,537	1,500,789	34,705	1,535,494
2A		10/01/02 - 06/30/03							30,627	5,332,792	5,363,419	160,273	5,523,692
3	Medi-Cal P. C.	07/01/02 - 09/30/02							26,252	1,474,537	1,500,789		1,500,789
3A		10/01/02 - 06/30/03							30,627	5,332,792	5,363,419		5,363,419
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							24,956	1,403,683	1,428,638	21,197	1,449,835
5A		10/01/02 - 06/30/03							29,115	5,077,169	5,106,284	100,054	5,206,338
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								1,065	1,065		1,065
6A		10/01/02 - 06/30/03								1,065	1,065		1,065
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								1,117	1,117		1,117
7A		10/01/02 - 06/30/03								1,117	1,117		1,117
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								1,117	1,117		1,117
8A		10/01/02 - 06/30/03								1,117	1,117		1,117
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02								1,117	1,117		1,117
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								1,065	1,065		1,065
10A		10/01/02 - 06/30/03								1,065	1,065		1,065
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							24,956	1,404,748	1,429,703	21,197	1,450,900
11A		10/01/02 - 06/30/03							29,115	5,078,234	5,107,348	100,054	5,207,403
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								4,787	4,787		4,787
12A		10/01/02 - 06/30/03								13,261	13,261	192	13,454
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								5,028	5,028		5,028
13A		10/01/02 - 06/30/03								13,933	13,933	262	14,195
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								5,028	5,028		5,028
14A		10/01/02 - 06/30/03								13,933	13,933		13,933
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								4,787	4,787		4,787
16A		10/01/02 - 06/30/03								13,261	13,261	192	13,454
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							24,956	1,409,535	1,434,490	21,197	1,455,687
21A	(Excludes Refugees)	10/01/02 - 06/30/03							29,115	5,091,495	5,120,610	100,246	5,220,856
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02							13,682	78,585	92,267		92,267
23A		10/01/02 - 06/30/03							6,756	188,113	195,869	67	196,936
24	Healthy Families SMA	07/01/02 - 09/30/02							14,393	82,538	96,931		96,931
24A		10/01/02 - 06/30/03							9,211	197,601	206,813	91	206,904
25	Healthy Families P. C.	07/01/02 - 09/30/02							14,393	82,538	96,931		96,931
25A		10/01/02 - 06/30/03							9,211	197,601	206,813		206,813
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02							13,682	78,585	92,267		92,267
27A		10/01/02 - 06/30/03							6,756	188,113	195,869	67	196,936
28	Less: Patient and Other Payor Revenues												
28A	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							24,956	1,409,535	1,434,490	21,197	1,455,687
35A		10/01/02 - 06/30/03							29,115	5,091,495	5,120,610	100,246	5,220,856
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02							13,682	78,585	92,267		92,267
37A		10/01/02 - 06/30/03							6,756	188,113	195,869	67	196,936
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (10/04)

## DEPARTMENT OF MENTAL HEALTH

**Fiscal Year 2002-2003**

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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